



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2004

2004
FORM
MO-CRP

• Read instructions. • Print or type.
Failure to provide landlord information will result in denial or delay of your claim.

| | | | | | | | | |
|--|--|---------------------------------|---|--|-----------|-----|------|----|
| 1. SOCIAL SECURITY NUMBER | | SPOUSE'S SOCIAL SECURITY NUMBER | | ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN. | | | | |
| 2. NAME | | | 3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN | | | | | |
| ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX) | | | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) | | | | | |
| CITY, STATE, AND ZIP CODE | | | 4. LANDLORD'S PHONE NUMBER | | | | | |
| 5. RENTAL PERIOD DURING YEAR | | FROM: MONTH | DAY | YEAR | TO: MONTH | DAY | YEAR | |
| | | | 245 | 2004 | | 246 | 2004 | |
| 6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid. | | | | | | 6 | 247 | 00 |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7. | | | | | | | | |
| 248 A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | | | | | | | | |
| 249 B. MOBILE HOME LOT — 100% | | | | | | | | |
| 250 C. BOARDING HOME / RESIDENTIAL CARE — 50% | | | | | | | | |
| 251 D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | | | | | | | | |
| 252 E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% | | | | | | | | |
| 253 F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) | | | | | | | | |
| 254 G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. | | | | | | | | |
| Additional persons sharing rent/percentage to be entered: 255 1 (50%) 256 2 (33%) 257 3 (25%) | | | | | | 7 | 258 | % |
| 8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. | | | | | | 8 | 259 | 00 |

MO 860-1089 (11-2004)

For Privacy Notice, see the instructions.



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| 2. NAME | | | 3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN | | | | | |
| ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX) | | | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) | | | | | |
| CITY, STATE, AND ZIP CODE | | | 4. LANDLORD'S PHONE NUMBER | | | | | |
| 5. RENTAL PERIOD DURING YEAR | | FROM: MONTH | DAY | YEAR | TO: MONTH | DAY | YEAR | |
| | | | 260 | 2004 | | 261 | 2004 | |
| 6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid. | | | | | | 6 | 262 | 00 |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7. | | | | | | | | |
| 263 A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% | | | | | | | | |
| 264 B. MOBILE HOME LOT — 100% | | | | | | | | |
| 265 C. BOARDING HOME / RESIDENTIAL CARE — 50% | | | | | | | | |
| 266 D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% | | | | | | | | |
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| Additional persons sharing rent/percentage to be entered: 270 1 (50%) 271 2 (33%) 272 3 (25%) | | | | | | 7 | 273 | % |
| 8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. | | | | | | 8 | 274 | 00 |

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